

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000093915

FILED  
Jan 25, 2007  
Secretary of State

Entity Name: BOWLES, CORDES AND THOMAS, LLC

**Current Principal Place of Business:**

7416 CAMALE DRIVE  
PENSACOLA, FL 32504 US

**New Principal Place of Business:**

**Current Mailing Address:**

7416 CAMALE DRIVE  
PENSACOLA, FL 32504 US

**New Mailing Address:**

FEI Number: 20-2551555

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORDES, BOB B JR.  
7416 CAMALE DRIVE  
PENSACOLA, FL 32504 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CORDES, BOB B JR  
Address: 7416 CAMALE DRIVE  
City-St-Zip: PENSACOLA, FL 32504 US

Title: MGRM ( ) Delete  
Name: BOWLES, EDWARD E  
Address: 8648 BELLE MEADOW BLVD.  
City-St-Zip: PENSACOLA, FL 32504 US

Title: MGRM ( ) Delete  
Name: THOMAS, MICHAEL D  
Address: 32977 RIVER ROAD  
City-St-Zip: ORANGE BEACH, AL 36561 US

Title: MGRM ( ) Delete  
Name: BOWLES, LAURA B  
Address: 32977 RIVER ROAD  
City-St-Zip: ORANGE BEACH, AL 36561 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: EDWARD E. BOWLES

MGRM

01/25/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date